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Joint and Co-sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome

Note by the Secretary-General

1. The Secretary-General has the honour to transmit to the Economic and Social Council the report of the Executive Director of the Joint and Co-sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (UNAIDS), prepared pursuant to Council resolution 1997/52.

2. The Secretary-General also takes this opportunity to inform the Council of his increasing involvement in support of the Programme, particularly of his ongoing advocacy activities during his consultations with world leaders, addressing Governments, intergovernmental bodies, educational institutions and non-governmental organizations.

3. Since the adoption of Council resolution 1996/47, the United Nations Secretariat, through its focal point within the Department of Economic and Social Affairs, interacts closely with the Programme, participates whenever possible in the work of the Programme Coordination Board, as observer, and ensures that reports prepared in the economic and social areas reflect the socio-economic implications of HIV/AIDS.

4. The present report was prepared in response to Council resolution 1997/52 in which the Secretary-General was requested "to transmit to the substantive session of 1999 a comprehensive report prepared by the Executive Director of the Programme, in collaboration with other relevant organizations of the United Nations system, drawing upon the biennial report on HIV/AIDS to be issued in 1998, on the progress made in the response to HIV/AIDS and its impact on the countries affected".

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5. The report describes the present state of the HIV/AIDS epidemic, the efforts of the UNAIDS secretariat, the co-sponsors and other partners towards more effective and coordinated action at the country level in the context of United Nations reform. The results of the analysis show that the HIV/AIDS epidemic grew rapidly in 1998, with devastating social and economic consequences, primarily in Africa, but increasingly in Asia. Young people, particularly adolescent girls, are especially at risk.

6. Together with Governments, UNAIDS, its seven co-sponsors (the United Nations Children's Fund, the United Nations Development Programme, the United Nations Population Fund, the United Nations International Drug Control Programme, the United Nations Educational, Scientific and Cultural Organization, the World Health Organization and the World Bank) and other United Nations system organizations, the corporate sector and non-governmental organizations are working at various levels to fight the epidemic. The role of UNAIDS has been to lead, strengthen and support an expanded response. This has been done mainly through facilitation and coordination, best practice development and advocacy. Experiences in co-sponsorship indicate positive results at the country, regional and global levels. However, challenges remain, including the need to expand results to a larger number of countries and to further improve planning efforts required for a strengthened United Nations system response.

7. Each chapter of the report concludes with a list of lessons learned and recommendations for action. The Economic and Social Council is invited to review this report for possible endorsement of its recommendations.

Report of the Executive Director of the Joint and Co-Sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (UNAIDS)

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I. Status of the HIV/AIDS epidemic

A. Global figures

1. The total number of people living with HIV/AIDS worldwide at the end of 1998 was 33.4 million, a dramatic 10 per cent increase over the number at the end of 1997, representing an estimated 5.8 million new infections, or nearly 16,000 every day, 11 every minute. HIV/AIDS-associated illnesses caused an estimated 2.5 million deaths in 1998, the highest number ever in a single year, and moved up to fourth place among all causes of death worldwide. In the past three years, over 30 countries have seen their HIV prevalence rates more than double. The overwhelming majority of people with HIV/AIDS — 90 per cent — live in the developing world where AIDS has begun to erode achievements in child survival, shorten life expectancy, and threaten the very process of development.

B. Regional overview

2. Sub-Saharan Africa is the region with the fastest growing epidemic, with 70 per cent of the global infections. Four fifths of all AIDS deaths occurred in the region in 1998. At least 95 per cent of all AIDS orphans have been African, yet only a tenth of the world's population lives in Africa south of the Sahara. With more than 23 million people currently living with HIV and AIDS and with an estimated 150 million Africans directly or indirectly affected by the epidemic, southern Africa is facing an unprecedented human disaster. Since HIV began spreading, an estimated 34 million people living in sub-Saharan Africa have been infected with the virus, and some 11.5 million have already died, a quarter of them children. HIV/AIDS has become the leading cause of death in Africa. In 1998, AIDS was responsible for about 2 million African deaths — 5,500 funerals a day — eroding human, social, economic and infrastructure development. The bulk of new infections continue to be concentrated in eastern and, especially, in southern Africa. In Botswana, Namibia, Swaziland and Zimbabwe, current estimates show that between 20 per cent and 30 per cent of people aged 15–49 are living with HIV or AIDS. One in seven new infections on the continent occurs in South Africa. One in 10 adults or more are HIV-infected in the Central African Republic, Djibouti, Ivory Coast, Kenya, Malawi, Mozambique, Rwanda, South Africa and Zambia.

3. Home to half the planet's population, Asia — where more than 7 million people have already been infected — identified its first HIV infections in the late 1980s. However, the region already accounts for one out of five global infections. A doubling of infections has occurred in almost every country in the region since 1994, and there is a potential for HIV to spread through the vast populations of India and China. In Cambodia the picture is the bleakest, where HIV prevalence among soldiers is around 7 per cent and where one in 30 pregnant women have tested positive. India provides an example of the shifting pattern of HIV. Its rural areas — home to 73 per cent of the country's 930 million people — were thought to be spared the epidemic, but new studies show that in some areas, HIV has become worrisomely common in villages.

4. In Latin America and the Caribbean, HIV is concentrated for the most part in neglected populations living on the social and economic margins of society, with the epidemic having taken its greatest toll on men who have sex with men and on drug injectors. In Mexico, studies suggest that up to 30 per cent of men who have sex with men may be infected; among drug injectors in Argentina and Brazil, the proportion may be close to half. Rising rates in women show that heterosexual transmission is becoming more common. For example, in Brazil, the male/female ratio of AIDS cases dropped from 16:1 in 1986 to 3:1 in 1998. The Caribbean, with an adult prevalence rate of nearly 2 per cent for the region but reaching much higher rates in individual countries, such as Haiti and Dominican Republic, has the highest HIV rates in the world outside Africa.

5. HIV continues to race through drug-injecting communities in Eastern Europe and Central Asia. A region which, until the mid-1990s, appeared to have been spared the worst of the epidemic now holds an estimated 270,000 people living with HIV. In several countries in Eastern Europe, the increase has been six-fold and higher. For the moment, Ukraine remains the worst affected country, though the Russian Federation, Belarus, Moldova and Kazakhstan have all registered enormous increases in the past few years.

6. In North America, Western Europe and the industrialized nations of Asia, while new combinations of anti-HIV drugs continue to reduce AIDS deaths significantly, nearly 75,000 people became infected with HIV in 1998, bringing the number of people living with HIV to almost 1.4 million. While the epidemic can no longer be considered out of control in these countries, just as clearly, it remains a long way from being stopped.

C. The most affected

7. More children are contracting HIV than ever before, and there is no sign that the infection rate among them is

slowing. Over 4 million infants and children under 15 have been infected with HIV since the beginning of the pandemic, and child survival is deteriorating, with mortality of children under 5 years doubling or even quadrupling in many countries. Ninety per cent of these infants/children acquired the virus from their HIV-positive mothers during pregnancy, labour or delivery, or acquired it after birth through breastfeeding. While antiretroviral regimens are widely used to prevent mother-to-child transmission of HIV in most industrialized countries, the average cost of the treatment (US$ 1,000 per pregnancy) is too high for widespread use in poor countries. However, recent trials show that a short regimen of zidovudine pills given during the last weeks of pregnancy cuts the rate of mother-to-child transmission during childbirth by half, at less than a tenth of the cost of the longer course. UNAIDS co-sponsors — mainly the United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and the United Nations Population Fund (UNFPA) and the UNAIDS secretariat — have been working intensively together to refine strategies and intensify negotiations with industry and to accelerate programming in this area. A pilot initiative to reduce mother-to-child transmission in 11 low-income countries, with AZT supplied at no cost by Glaxo Wellcome for the start-up phase, has been launched.

8. Young people are disproportionately affected by HIV and AIDS. Around half of new HIV infections are in people aged 15–24. In 1998, 2.7 million young people became infected with the virus, equivalent to more than five young men and women every minute.

9. Women accounted for 43 per cent of infected adults living worldwide at the end of 1998, and nearly half of all AIDS deaths were women. Over nine out of 10 infected women live in a developing country where AIDS prevention campaigns often fail to meet the needs of women by assuming that they are at low risk or by urging prevention methods that women have little or no power to apply. Eight out of 10 infected women get the virus by having unprotected sex with an infected male partner.

10. Drug use by injection plays a critical role in fuelling the epidemic in various regions, particularly in Asia, southern Europe, North Africa, the Middle East, Eastern Europe and the Central Asian Republics. Between 1996 and 1998, the number of countries reporting drug use by injection increased by 9 per cent, while the number of countries reporting HIV infection among injecting drug users increased by 37 per cent. In addition, the use of psychoactive substances, including alcohol, may favour sexual risk-taking and thus accounts indirectly for a significant share of sexual HIV transmission.

11. There are many other social, economic and political factors which influence the shape of the epidemic. Internal or international movements of populations, whether migrants, refugees or displaced persons, result in societal disruptions and an absence of the usual norms of behaviour, increasing people's vulnerability to HIV infection. The loss of main household wage earners to AIDS results in families falling into poverty. The poor, especially young women and girls, are frequently subject to exploitation, including being drawn into the sex trade. Urgent attention is needed to address HIV/AIDS prevention in conflict situations, in the context of economic and social crises and in strategies for poverty eradication.

D. Lessons learned

12. The relevant lessons learned by the Programme are as follows:

(a) The HIV/AIDS epidemic is having disastrous consequences in Africa, calling for a response of emergency proportions;

(b) Some countries in Asia are likely to follow Africa if urgent remedial action is not taken immediately;

(c) Women, young people and girls in particular, have less control over becoming HIV infected and need especially targeted strategies;

(d) The social and economic dimensions of the epidemic are increasingly evident. Further analysis and advocacy is needed to elaborate the linkages between poverty and vulnerability to HIV infection and to determine the consequences of the epidemic and its impact on development.

E. Recommendations

13. The following steps are recommended:

(a) Intensify action in sub-Saharan Africa and step up action in Asia;

(b) Develop special strategies for women and young people, especially adolescent girls; and address the issue of male responsibility;

(c) Improve data collection/analysis on the economic causes and consequences of HIV infection.

II. UNAIDS in the context of United Nations reform

14. One of the important goals of UNAIDS, since its inception on 1 January 1996, and a major rationale for its creation was the development of a coherent and intensified response on the part of the United Nations system to the HIV/AIDS epidemic, in cooperation with national and international partners. The UNAIDS secretariat, at the global level, helps coordinate and streamline action by the co-sponsors and other United Nations organizations, in order to bring the epidemic under control. At the country level, the principal UNAIDS mechanism for coordination is the United Nations theme group on HIV/AIDS, which originated in Economic and Social Council resolution 1994/24, endorsing the creation of UNAIDS. The goal of every theme group is to facilitate an effective response on the part of the United Nations system to national HIV/AIDS needs and priorities.

A. Strengthened cooperation with UNAIDS co-sponsors

15. With accumulating experience, the definition of the respective roles of the UNAIDS secretariat and co-sponsors has become clearer. The secretariat focuses on tracking the epidemic, facilitating and brokering the technical and programme support efforts of other organizations, and of the co-sponsors, in particular, documents and disseminates best practices; and advocates internationally and within countries. The UNAIDS co-sponsors focus on their comparative advantages, within the defined substantive areas of their respective organizational mandates. Currently, a joint budget and work plan at the global and regional levels, built around the respective strengths of the co-sponsors, is being developed for the next biennium 2000–2001.

16. At the country level a discernible improvement in the coordination and commitment of the United Nations system has been noted. One hundred thirty-two United Nations theme groups on HIV/AIDS have been established so far, supported, in a good number of countries, by UNAIDS country or intercountry programme advisers. An assessment of UNAIDS at the country level carried out in 1998 confirmed that considerable progress in United Nations system coordination on HIV/AIDS has been made since the 1996 analysis. In many countries United Nations theme groups on HIV/AIDS have progressed from information exchange to more coordinated communications, planning, joint advocacy and policy guidance, and joint support to national strategic planning and resource mobilization. The resource guide for theme groups, distributed in 1998, has further supported this positive development. The HIV/AIDS theme groups have also been expanded to include governmental representatives, other United Nations agencies, and, to some extent, non-governmental organizations, bilateral partners, and associations of people living with HIV/AIDS.

17. An initial analysis of the 1998 resident coordinator reports provides positive feedback on the United Nations theme groups on HIV/AIDS, and on the technical working groups, often describing them as an example of productive cooperation and collaboration in the United Nations system at the country level. Nevertheless, challenges remain. For instance, there has been uneven involvement of co-sponsors in the theme groups, and frequently the time taken to reach consensus among them has been at the expense of losing credibility with the host Government or other partners. The UNAIDS in-country status assessment revealed that in countries where there is no UNAIDS country programme adviser (CPA) to assist the theme group, UNAIDS focal points in the co-sponsoring agencies have not been able to devote sufficient time to United Nations coordination and action on HIV/AIDS. While considerable progress has been made in most countries in the establishment of theme groups on HIV/AIDS and information exchange, much more progress is desirable in coordinated planning and joint action.

18. Tangible results of improved collaboration among United Nations agencies can be seen in, for example, the United Republic of Tanzania, Fiji and Brazil. In the United Republic of Tanzania, the theme group on HIV/AIDS, currently chaired by UNFPA, has been instrumental in promoting AIDS as a national political issue. It facilitated the completion of the medium-term plan for HIV/AIDS prevention, helped diversify strategies for resource mobilization, strengthened the financial management system of the national programme and co-organized the first-ever national multisectoral AIDS conference which was attended by over 1,000 participants from various sections of society. In Fiji, the theme group, which covers a number of countries in the Pacific, indicated a genuine readiness among the United Nations agencies to work together. They have contributed to the support of the UNAIDS country programme adviser and have jointly undertaken major advocacy events, working with the Governments and local partners, including church groups. In Brazil, the World Bank is financing the Government's new loan of $165 million in support of a four-year HIV/AIDS programme. As a result of United Nations theme group discussions under the chairmanship, first, of UNICEF and recently of the United

Nations Educational, Scientific and Cultural Organization (UNESCO), the Brazilian Government requested that UNESCO, UNICEF and the United Nations Drug Control Programme (UNDCP) take up implementation support responsibilities on this major effort.

B. Partnerships with organizations of the United Nations system

19. Apart from the UNAIDS co-sponsors, other organizations of the United Nations system are starting to address HIV/AIDS issues in the context of their respective mandates. Notably, there has been very useful collaboration with the Office of the High Commissioner for Human Rights which resulted in a joint publication, *HIV/AIDS and Human Rights*, containing international guidelines, an advocate's guide and a non-governmental organization summary. The Office is also increasing its efforts to improve individual and societal protection in the area of HIV/AIDS, through national commissions.

20. With the aim of further strengthening cooperation between the UNAIDS secretariat and the Office of the United Nations High Commissioner for Refugees (UNHCR), the two institutions entered into a cooperation framework agreement which took effect on 27 November 1998. As part of the agreement, they meet regularly to consult and review the jointly prepared yearly work plan, guided by the UNHCR/UNAIDS/WHO guidelines for HIV interventions in emergency settings, the inter-agency field manual on reproductive health in refugee situations and the UNAIDS best practices guidelines. Both organizations are fully committed to collaborating and working with and through the United Nations theme groups on HIV/AIDS at the country level

21. Other similar agreements to facilitate cooperation through strategic alliances with organizations of the United Nations system are under negotiation. For example, a cooperation framework is being developed with the Food and Agriculture Organization of the United Nations (FAO). FAO studies in a number of countries in Africa and especially East Africa have shown that farm output and rural household food security may be seriously affected by the HIV epidemic, particularly in terms of the labour force, the acreage worked, the yields of crops, and nutrition.

22. The 1998 revision of the United Nations world population estimates and projections,[1] undertaken by the Population Division in 1998, demonstrates a devastating toll on mortality and population from HIV/AIDS. For instance, in the 29 hardest hit African countries, the average life expectancy at birth is currently seven years less than it would have been in the absence of AIDS. HIV is contributing substantially to rising child mortality rates in many areas of sub-Saharan Africa, reversing years of hard-won gains. The revision draws global attention to the fact that AIDS is now threatening the gains in economic and social development achieved during the past 30 years.

23. The Department of Peacekeeping Operations continues to cooperate with the Civil Military Alliance to Combat HIV and AIDS in developing training programmes and educational materials that may be useful to military and other personnel assigned to United Nations peacekeeping operations. Since last year, and upon recommendation of the Inter-Agency Advisory Group on AIDS (IAAG), the United Nations Medical Services of New York and Geneva have assisted UNICEF, as Working Group coordinator, in the establishment of guidelines to be followed in case of rape of a staff member or a dependant. Starting in May 1999, kits containing medications and pamphlets addressed to the victims and their treating physicians were prepared. They are being distributed to all the capital cities of countries where the United Nations has offices and to the headquarters of each peacekeeping operation. At the initiative of the United Nations Medical Directors Steering Committee, a proposal was presented to, and accepted by, the CCAQ, to undertake over the next year a review of all United Nations-sponsored dispensaries in order to evaluate ways to improve delivery, including HIV/AIDS-related care, to United Nations staff members. Furthermore, for staff members worldwide, the HIV/AIDS Hotline, located in New York within the Medical Service Division, continues to address all HIV/AIDS-related queries.

24. The Inter-Agency Advisory Group on AIDS (IAAG) serves as a forum for regular dialogue among United Nations system agencies and organizations. Issues discussed at recent IAAG meetings include migration and HIV/AIDS, HIV/AIDS in emergency situations, and HIV/AIDS in the United Nations workplace. The next IAAG meeting, to be held on 24–25 June 1999, will focus on HIV/AIDS and human rights and on United Nations workplace issues. The last two IAAG meetings were chaired by FAO and the United Nations Secretariat, respectively. The current chair is ILO, and the vice-chair, Office of the High Commissioner for Human Rights.

25. Cooperation with United Nations regional commissions has also commenced. For instance, the subcommittee on HIV/AIDS of the Regional Inter-Agency Committee for Asia and the Pacific was set up by the Economic and Social Commission for Asia and the Pacific

(ESCAP). Recently, the Economic Commission for Africa (ECA) Meeting of African Ministers of Finance, Economic Development and Planning discussed the AIDS epidemic and the International Partnership against HIV/AIDS in Africa.

26. The ACC in 1997 reviewed the progress made by UNAIDS in providing a United Nations system coordinated response to the HIV/AIDS epidemic, including support to prevention activities at the country level and, recognizing indications of initial programme success, fully supported the appeal made by its Executive Director to other organizations of the United Nations system to join in a renewed effort to address the epidemic in all its dimensions. The Committee of Co-sponsoring Organizations (CCO) held a meeting with the United Nations Secretary-General, in his capacity as Chairman of ACC, immediately before the spring session of ACC in 1998. This afforded the opportunity for the members of the CCO to brief ACC, through its Chairman, on the activities of UNAIDS and to seek the unified support of the United Nations system organizations. At the most recent meeting of ACC (April 1999), the United Nations Secretary-General asked all executive heads of United Nations organizations to speak on the issue of HIV/AIDS, as he does in his meetings at the most senior governmental levels, particularly on the larger development and societal impacts. Such high-level political advocacy is extremely beneficial in the joint fight against HIV/AIDS.

C. The Secretary-General's reform groups and coordination mechanisms

27. The Secretariat participates in the United Nations Development Group (UNDG). The Secretariat has also participated extensively in the preparation of the new United Nations Development Assistance Framework (UNDAF) and the UNDP Common Country Assessment (CCA) guidelines, and has assisted in other work undertaken by the UNDG Sub-Groups on Gender, Programme Policy, Programme Operations, and Personnel and Training, and the Working Groups on Indicators, Resident Coordinator Issues, and Relations between the United Nations and the World Bank.

28. As part of the UNDG agenda, at its October 1998 meeting, a presentation was made on United Nations theme groups on HIV/AIDS. The 132 theme groups covering over 150 countries represent a great degree of theme group development and make the UNAIDS experience highly informative for other UNDG members. The results of the assessments which were undertaken of the operations theme groups on HIV/AIDS in 1996 and 1997, including strengths and weaknesses and lessons learned, were shared. The key role played by the United Nations resident coordinator, who has the ultimate responsibility and accountability for the effective operations of HIV/AIDS theme groups at the country level, was highlighted. UNDP shared the assessments with all resident coordinators, for guidance and with a view to strengthening the work of the theme groups

29. One of the most important UNDG-related activities is the participation in UNDAF. In countries where a UNDAF is being prepared, such as Ghana, Madagascar, Mozambique, Zimbabwe, India, Lao People's Democratic Republic, Philippines and Viet Nam, HIV/AIDS is an integral part of the framework. UNAIDS has also been involved in the development of HIV/AIDS indicators for the common country assessment and in the preparation of a paper on results-based management as an input to a draft UNDG paper on absorptive capacity. UNDAF and CCA are perceived by UNAIDS as important tools to strengthen cooperation at the country level not only with co-sponsors but with the United Nations system as a whole.

D. Governance

30. The UNAIDS Programme Coordinating Board acts as the governing body of UNAIDS. It meets annually, usually in the spring of each year in Geneva. However, in response to requests from Board members, two ad hoc thematic meetings were held, the first in Nairobi in November 1997 and the second in New Delhi in December 1998. The first meeting reviewed the access to drugs for HIV/AIDS and related illnesses and the United Nations system's work on HIV/AIDS at the country level; the second meeting discussed a strategic framework for young people and HIV/AIDS, the monitoring and evaluation plan, and migration and HIV/AIDS.

31. The sixth (regular) meeting of the Board (Geneva, 25–27 May 1998), reviewed the UNAIDS progress report (1996–1997) and endorsed the recommendations of the thematic meeting held in Nairobi. The next meeting of the Board will be on 28–29 June 1999 in Geneva and will primarily review the UNAIDS unified work plan and budget for 2000–2001. It will also discuss the International Partnership against HIV/AIDS in Africa (Africa Partnership) and the prioritization of support by the UNAIDS secretariat, and review financial updates.

32. A Programme Coordinating Board working group on resource mobilization is working on ensuring a more predictable flow of resources to UNAIDS. The working

group on indicators and evaluation, temporarily set up in 1996 to provide internal guidance, has completed its task.

33. While all co-sponsors are members of the UNAIDS Programme Coordinating Board, the UNAIDS secretariat is also invited to participate in the meetings of governing bodies of some of the co-sponsors, such as UNICEF, UNDP, UNFPA, UNDCP and WHO. Co-sponsors' reports to their respective governing bodies regularly contain information on their activities on HIV/AIDS. It is particularly useful for HIV/AIDS to be discussed in the co-sponsors' governing bodies since that is where policy direction and guidance are provided.

34. Overall coordination of UNAIDS is provided through the Committee of Co-sponsoring Organizations (CCO) which consists of the seven co-sponsors (UNICEF, UNDP, UNFPA, UNESCO, WHO, the World Bank, and the most recent addition, UNDCP). The CCO provides inputs into the policies and strategies of the Joint Programme and serves as a standing committee of the Board. The CCO meets twice a year, once at the level of the executive heads, in the spring, and at the working level, in the autumn.

35. At the meeting of the CCO in April 1998, chaired by UNESCO, the recommendations of the March 1998 UNAIDS co-sponsor retreat were adopted. They included actions to: design a global strategy; develop a joint budget and work plan, including plans at the country level; improve policy guidance; focus efforts on Africa; strengthen multisectoral action and strengthen co-sponsors, especially at the country level; and implement joint monitoring and evaluation activities. Progress has been made in each of these areas.

36. In its April 1999 meeting, the CCO, under the Chair of WHO, supported the level and overall framework of the unified budget and work plan and urged that in the finalization for submission to the next Board meeting, special attention be given to the programme component on capacity-building and support at the regional/intercountry level. With respect to the Africa Partnership, the CCO emphasized the need to obtain the highest level of political support and to mobilize resources adequate to the scale needed to fight the epidemic in Africa. The CCO suggested that the UNAIDS secretariat, together with WHO, take the lead in helping to further the discussion on the issue of United Nations staff and dependants living with HIV/AIDS. UNDCP was officially welcomed as the newest UNAIDS co-sponsor of the joint programme. Cooperation between the UNAIDS secretariat and UNDCP had been under way for a while, both on technical issues at the global level and on programmes at the country level. The next meeting of the CCO will take place in October 1999. On 1 July 1999, the Chair of the CCO will rotate to UNDP, for a period of one year.

37. Positive outcomes of the CCO meetings include increased guidance provided by UNAIDS co-sponsor headquarters to their country offices and stepped-up action on HIV/AIDS issues. For instance, in accordance with recommendations made during the March 1998 co-sponsors retreat, UNFPA provided leadership in follow-up regarding the establishment of a consensus-building mechanism for policy and technical guidance. UNDP, UNFPA and UNICEF sent letters to all their field representatives encouraging stronger commitment to the coordination of the United Nations system on HIV/AIDS at the country level. UNESCO and WHO indicated their intention to follow on along the same lines. To further clarify the roles and responsibilities of co-sponsors and UNAIDS, the secretariat issued a brochure entitled "UNAIDS partnership: working together". Recently, HIV/AIDS featured prominently in the UNICEF medium-term plan and in the World Bank's increased efforts in Africa. In WHO, HIV/AIDS was made a "Cabinet" project.

E. Lessons learned

38. The relevant lessons learned by the Programme are as follows:

(a) Efforts in coordination between the co-sponsors are starting to produce results. With continued efforts, such as the unified budget and work plan, coordination should improve even further;

(b) The epidemic has a reach much beyond the mandates and capacities of the UNAIDS secretariat and the co-sponsors. Although UNDCP has recently joined the Programme, the work of other United Nations system organizations, such as ILO, OHCHR, UNHCR, WFP and FAO, is needed to help combat the epidemic on multiple fronts;

(c) Participation in United Nations system coordination and reform helps enrich both UNAIDS and other members of those groups.

F. Recommendations

39. The following steps are recommended:

(a) Encourage increased and better coordinated efforts by the UNAIDS co-sponsors and the secretariat on

integrated planning at the country, regional and global levels, particularly in the context of the International Partnership against HIV/AIDS in Africa;

(b) Take note of the admission of UNDCP as the newest co-sponsor of UNAIDS and its participation in the UNAIDS Programme Coordinating Board as a new member. Also note the new logo incorporating UNDCP within UNAIDS, now to be called the Joint United Nations Programme on HIV/AIDS;

(c) Request the broader United Nations system organizations to address HIV/AIDS issues, as relevant to their respective mandates, in cooperation with UNAIDS.

III. United Nations system support to an expanded global response

40. The UNAIDS progress report for 1996–1997, in line with Council resolution 1997/52, highlights activities, achievements and challenges over that period. The sections below describe efforts made over the past two years to bring about concrete changes and advances, particularly in best practice development, national strategic planning, networking, advocacy, mobilizing resources and monitoring/evaluation at the global, regional and country levels.

A. Advocacy and widening partnerships

41. Catalysing an expanded global response to the epidemic has been and continues to be one of the central roles of UNAIDS. This has included increasing awareness of the extent of the global epidemic, building a sense of urgency and drawing attention to the need — and the feasibility — of establishing a more effective expanded response. Intense efforts have been necessary to overcome denials that a pervasive HIV epidemic exists, even in countries where prevalence rates are well over 10 per cent or in places where the rate of new infections is clearly alarming. Countries that have been successful in maintaining low levels of HIV infection or reversing negative trends in the epidemic all have established programmes to make HIV and AIDS highly visible.

42. In the face of the unprecedented emergency facing southern Africa, the UNAIDS co-sponsors, in a meeting hosted by the World Bank in Annapolis (United States) in January 1999, resolved to intensify action in sub-Saharan Africa through the International Partnership against HIV/AIDS in Africa. The call for such an intensified effort reinforces those that have been voiced in various African regional and national forums. The Partnership will bring together national Governments, international development agencies, non-governmental organizations and the private sector to work within common existing strategic frameworks to support sustained national responses. Among the core principles of the Africa Partnership are: national commitment and ownership; political action; joint national strategic action plans; mobilization of increased resources; stronger regional technical platforms for action; protection of human rights; compassion and solidarity.

43. Based on experience that effective action on the epidemic is directly linked to strong political support from the highest level of government, UNAIDS has made special efforts to obtain the highest level of political commitment. There have been presidential level addresses on HIV/AIDS in many countries, such as Botswana, Burundi, Brazil, Burkina Faso, Haiti, Ivory Coast, Mexico, Mozambique, Namibia, Rwanda, United Republic of Tanzania, Uruguay and Zimbabwe. Following the meeting of the UNAIDS Programme Coordinating Board in New Delhi in December 1998, the Prime Minister of India addressed the joint houses of Parliament and met with people living with HIV, and with representatives of non-governmental organizations. President Nelson Mandela of South Africa urged an end to silence over AIDS during a speech marking the 1998 World AIDS Day. President Bill Clinton of the United States used the opportunity to announce new international assistance to help address the needs of children orphaned by AIDS. Furthermore, the Secretary-General of the United Nations has continuously, in speeches worldwide and in his consultations with governmental leaders in countries where the epidemic is most prevalent, raised the issue of AIDS, bringing awareness to the highest levels of political leadership. UNAIDS has made a special effort in encouraging the international media to focus on the epidemic. The Associated Press ranked the international AIDS epidemic as one of the top stories in 1998 in the world.

44. UNAIDS has been successful in persuading the global business community to engage in a more active response to AIDS. At the 1997 annual meeting of the World Economic Forum, in Davos, Switzerland, President Nelson Mandela of South Africa and Sir Richard Sykes, Chairman and Chief Executive of Glaxo Wellcome, addressed political and business leaders on the subject of HIV/AIDS. The two leaders serve as Honorary President and Chairman, respectively, of the Global Business Council on HIV/AIDS — a core group of private-sector companies characterized by a commitment to AIDS-related causes and

an ability to mobilize their peers in the corporate world in the fight against AIDS. Specific strategic alliances of UNAIDS within the corporate sector have been established with Music Television Network International (MTV), which reaches a quarter of all TV households worldwide, and Levi Strauss, which produced an educational video on AIDS issues at the workplace in collaboration with UNAIDS. On 6 May 1999, Bristol-Myers Squibb launched a $100 million initiative, "Secure the Future", to support community programmes, training and clinical research in five southern African countries.

45. Establishing contact and maintaining regular dialogue with pharmaceutical and health care companies has been a significant focus of UNAIDS in the context of the HIV Drug Access Initiative which is to help identify and overcome some of the obstacles blocking access to care among people with HIV/AIDS in resource-poor countries, including new anti-HIV drugs for the prevention and treatment of opportunistic infections, sexually transmitted diseases and other HIV-related illnesses. UNAIDS has been in contact with most of the major multinational producers/suppliers of HIV-related drugs, viral load tests, rapid HIV tests etc. Negotiations with such pharmaceutical companies as Glaxo Wellcome, Hoffmann-La Roche, Virco, Bristol-Myers Squibb, Organon Teknika, Merck and Dupont Pharma have developed into formal partnerships, and discussions with other companies are ongoing. The pilot phase of the initiative includes Chile, Ivory Coast, Uganda and Viet Nam. The participating pharmaceutical companies have provided financial support through various means, including reduction of drug costs, investments in non-profit companies, through cash or drug donations, payment of salaries of company staff and other operational costs. Under an accelerated plan, UNAIDS and the Female Health Company work with national AIDS programmes, international donors, and social marketing organizations to expand access to the female condom at an affordable price, especially in the most affected countries.

46. In many initiatives at global, regional and national levels, UNAIDS works in close partnership with non-governmental organizations active in HIV/AIDS, particularly in areas of protecting human rights and promoting care. The UNAIDS secretariat is working with mainstream non-governmental organizations that have the potential to reach out to various communities and to play an advocacy role. Therefore, UNAIDS has forged partnerships with organizations with far-reaching global networks, such as Rotary International which, through its community-based networks, helps launch public awareness campaigns promoting AIDS awareness and safe practices among young people. Caritas Internationalis has also become an important new partner, with the signature in August 1998 of a Memorandum of Understanding. In India, building on the existing strength of the local non-governmental organization sector, a UNDP-supported programme encourages partnerships between HIV/AIDS-focused non-governmental organizations and development non-governmental organizations, thus expanding the nature and scale of the non-governmental organization response to the HIV epidemic through participatory approaches at the grass-roots level.

47. A major advocacy channel is the World AIDS Campaign (WAC) which in 1997 focused on the theme "Children living in a world with AIDS" and in 1998 on "Young people: force for change". These themes have been prompted by the epidemic's threat to those under 25 years of age, for as HIV rates rise in the general population, new infections are increasingly concentrated in the younger age groups. Country-level actions on WAC include activities to increase public understanding of the impact of the epidemic on children, to involve children and young people in the development of national and local policies, and to improve services and the access of children to prevention and care and quality education and information.

48. Partnership with the entertainment industry resulted in global media coverage of the 1998 campaign through the MTV production "Staying alive", brought about through collaboration with the World Bank and the UNAIDS secretariat. It is estimated to have reached hundreds of millions of people worldwide and resulted in an EMMY award for MTV.

49. International and regional conferences and meetings, in particular the twelfth World AIDS Conference, held in Geneva in June 1998, provided an effective forum for drawing global attention to the major gaps in action on the epidemic and to the very significant role that young people can play in shaping the global response. UNAIDS has intensified its work with the international media on prevention priorities.

50. The United Nations Secretariat, through the Office of the Secretary-General, and the Departments of Public Information and of Economic and Social Affairs, highlights the global HIV/AIDS epidemic and its effects on development and increases public awareness about United Nations efforts to address the epidemic. United Nations Radio programmes, including three weekly series ("Women", "Perspective" and "Scope") focused on a variety of related topics, such as sexual violence and the increase of HIV infection in women; prevention of mother-to-child

transmission of the virus; and AIDS vaccine trials in Thailand. UNTV has produced four segments of "UN in Action" on various HIV/AIDS-related issues in China, Cambodia, South Africa and Uganda. In observance of World AIDS Day in 1998, the two Departments, together with the American Foundation for AIDS Research and in association with UNAIDS, co-sponsored a panel discussion on "Youth: a force for change", with a statement by the Deputy Secretary-General and with the participation of celebrities. It attracted extensive media coverage. Thirty-four United Nations information centres and services have carried out more than 80 activities globally, including workshops, support to the World AIDS Campaign and numerous press events.

51. Advocacy and public information at the country level is supported by the country and regional office frameworks of the UNAIDS co-sponsors, the United Nations theme groups on HIV/AIDS, and the UNAIDS intercountry teams and country programme advisers. For example, in Poland, UNDP, through its support for the national AIDS programme, has reached over 5,000 medical workers, clergy, journalists and non-governmental organizations via training activities on the social dimensions of HIV/AIDS and has provided publications and information materials in addition to supporting other outreach activities. During the tenth International Conference on AIDS and STDs in Africa (Ivory Coast, 1998), UNFPA organized a satellite workshop on African women and AIDS which led to the formulation of recommendations to African Governments to support women in their fight against AIDS. The Brazilian football player Ronaldo serves as a UNAIDS Ambassador to the World AIDS Campaign. In Viet Nam, under the impetus of the theme group on HIV/AIDS and the leadership of the National AIDS Bureau, an HIV/AIDS action group has been set up whose meetings are instrumental in advocating and generating support for policies favouring a more supportive environment for people living with HIV and for HIV-prevention programmes for young people.

B. National strategic planning

52. The UNAIDS secretariat has given priority to promoting strategic approaches to HIV/AIDS planning at the country level so as to define strategies that are tailored to the different and changing contexts within which HIV/AIDS evolves. In doing so, the secretariat is building on past and ongoing efforts of the co-sponsors at different levels to strengthen multisectoral dialogue and policy development for HIV/AIDS prevention and care. Efforts have included a series of guides to the strategic planning process for a national response to HIV/AIDS which is a flexible tool designed to meet the dual requirement of use at a central and at a district or community level.

53. In Eastern Europe, several countries have embarked on a strategic planning process and in at least eight there are ongoing strategic approaches to planning around specific thematic areas, such as HIV prevention among drug users and other vulnerable populations. Belarus has recently completed its strategic plan and developed a national programme on that basis. In Romania, a national reproductive health/family planning/information/education/communication (IEC) strategic plan, which plays an important part in the national programme for the prevention of STD/HIV/AIDS, has been developed with UNFPA assistance.

54. In Asia, HIV/AIDS national plans have been completed in Viet Nam, China, Lao People's Democratic Republic, Cambodia, Papua New Guinea and Nepal. In addition, the secretariat and the co-sponsors are actively assisting country efforts at addressing the many different situations prevailing in some of the very large countries such as China, India, and Indonesia, but also in Cambodia and the Lao People's Democratic Republic. In this context, they are supporting provincial or state-level strategic planning processes. Thus, in the Lao People's Democratic Republic, each sector produced its own strategic plan and budget in keeping with the objectives set forth in the national plan. With assistance from UNAIDS co-sponsors, there has been a scaling-up of existing responses and integration of new partners, such as the Lao Revolutionary Youth Union which has developed strategic plans for 10 provinces and for the central level by using the best practice planning guides adapted to local conditions. In China, the co-sponsors and the Secretariat have provided technical and financial support for the assessment and analysis of the national HIV/AIDS situation and response. The resulting document "China responds to AIDS" has become an advocacy and resource mobilization tool for the Chinese authorities.

55. In Africa, seven priority countries have already completed a national strategic plan, including Namibia, where, under the leadership of the Ministry of Health and the newly formed National Multisectoral Committee on HIV/AIDS, a comprehensive national five-year plan has been developed, involving a range of national partners and reaching beyond the health sector. In Uganda, a new national strategic framework for HIV/AIDS activities has been developed through an innovative participatory process, making use of various instruments, ranging from a small core group of government officials, non-governmental

organizations, people living with HIV/AIDS and international partners who did the basic design work, to wide-ranging consultations involving representatives from all districts of the country. Uganda has embarked on the next phase, translating national goals and objectives into actual programmes and projects at the national, district, and sub-county levels.

56. In Latin America and the Caribbean, national and/or provincial-level strategic planning is at various stages of advancement in about 20 countries. Mexico and Brazil are engaged in strategic planning for HIV/AIDS at both the municipal and state levels. In Brazil, strategic planning in the context of a World Bank loan renewal for a four-year HIV/AIDS programme included a national meeting for the coordination of non-governmental inputs into the project and a strategic planning workshop on the subject of HIV and children living in poverty, both convened by the United Nations theme group on HIV/AIDS, and a synergistic work plan of United Nations system agencies. In Argentina, UNDP funding has supported the formulation of a national programme focused on strengthening the capacity of non-governmental organizations and health institutions to address HIV/AIDS at the federal, state and municipal levels. In the Caribbean, a regional task force on HIV/AIDS, established under the chairmanship of the Caribbean Community (CARICOM), is developing a regional strategic plan for the Caribbean in the context of a subregional initiative on HIV/AIDS, with a budget of 6.3 million Euro, under approval by the European Commission.

C. Best practices

57. The best practice process — the continuous learning process, reflection and analysis of what works (or does not work) and why— is the base from which UNAIDS, its co-sponsors and partners identify and document important lessons that contribute to combating the AIDS epidemic. Examples of best practices are shared and adapted through mechanisms such as exchange forums, networks, and publications, and through support and technical assistance. This broad-based approach is linked to multiple facets of the epidemic, including development of national AIDS policies and plans, care and support efforts, education programmes, public awareness campaigns, protection of human rights, and economic development and other HIV-related strategies. Best practices range from small community projects to national or international efforts.

58. One way in which UNAIDS disseminates lessons learned is through the production of the UNAIDS "best practice" collection. The collection is comprised of five components: advocacy documents, technical updates, case studies, graphics and key materials (state-of-the-art reference materials and tools including policies, guidelines, legislation, manuals, and research documents), covering some 50 topic areas. Collection materials are developed both within and outside the United Nations system individually and jointly. Many are available in several languages. The collection is available through United Nations theme groups, intercountry advisory teams, UNAIDS collaborating centres and other key partners, co-sponsors' networks and the Internet.

59. Some of the over 100 best practice materials produced since January 1998 consist of technical updates on mother-to-child transmission of HIV and on gender and HIV/AIDS and case studies such as "A measure of success in Uganda: the value of monitoring both HIV prevalence and sexual behaviour" and "AIDS education through imams". The first issue of a summary booklet of best practices is slated for release in mid 1999. Other important best practice materials, jointly developed with co-sponsors, other United Nations agencies or with collaborating centres, include key documents on HIV and infant feeding (UNAIDS, UNICEF, WHO), guidance modules on antiretroviral treatments (with WHO), the report of the global HIV/AIDS epidemic as of June 1998 (UNAIDS, WHO), an AIDS epidemic update as of December 1998 (UNAIDS, WHO), and guidelines on dealing with children affected by HIV/AIDS (in collaboration with the François-Xavier Bagnoud Centre for Health and Human Rights/Harvard School of Public Health).

60. Examples of best practice activities undertaken with co-sponsors include the following:

(a) The UNAIDS secretariat is collaborating with the WHO Global Programme for Vaccines and Immunization to promote the development of novel vaccine approaches, especially those that could be more appropriate for developing countries. UNAIDS also assists in building the capacity of countries to ensure that the highest scientific and ethical standards are respected when it comes to vaccine trials. In collaboration with WHO and the Council for International Organizations of Medical Sciences, UNAIDS has developed new ethical guidance for HIV vaccine trials which should greatly facilitate the implementation of additional trials in developing countries;

(b) In Malawi, UNICEF supports community-based orphan assistance programmes for children who have lost one or both parents to AIDS. These initiatives involve community groups that take responsibility for fact-finding, decision-making and planning through well-established local

councils. The groups emphasize developmental approaches, not charity, and stress a preference for absorbing children to extended families and foster families. UNICEF/Malawi also collaborates with the National Orphan Task Force. Government organizations have organized district-level, subregional and national best practice conferences;

(c) The "Goldtooth" video cartoon (UNDCP/UNAIDS) was produced as an outreach tool to educate vulnerable children and young people about the dangers of drug abuse and AIDS and to create a dialogue with street children. The cartoon has been dubbed into 25 languages and is used in over 100 countries;

(d) In collaboration with United Nations Volunteers (UNV) and UNDP, UNAIDS is defining and testing the mechanism of using the national UNV modality for enhancing the greater involvement of people living with HIV and AIDS in Sub-Saharan Africa. The pilot project is also an important example of joint collaborative United Nations response.

D. Network development and technical resources

61. The acceleration of national-level efforts to expand the response to the HIV/AIDS epidemic has resulted in a substantially increased demand for technical resources, both information and expertise, in a widening array of programme areas. It has become increasingly evident that single agencies, whether governmental departments, United Nations agencies, non-governmental organizations, or groups of people living with HIV/AIDS, do not have the capacity to deal with the multiple aspects of HIV on their own. Individual groups continue to make substantial contributions in specific areas of HIV prevention and care. However, the need to act simultaneously and synergistically in a vast number of different areas such as health services, communications, legal reform, education and rural development requires that a range of strategic alliances be developed and maintained. The approach taken by the UNAIDS secretariat has been to support the development of technical resource networks to bring together people and organizations with HIV/AIDS expertise, to establish United Nations inter-agency working groups on specific issues; to establish intercountry teams at the regional/subregional level; and to work through collaborating centres.

62. The aims of the networking mechanisms are to strengthen institutional capacity, raise awareness, mobilize policy makers and groups for change, build capacity to respond to AIDS, and influence the design and implementation of technically stronger, more effective AIDS policies and programmes. The UNAIDS secretariat and its co-sponsors have been instrumental in establishing and/or strengthening a number of such networks. Some illustrations of such technical resources networks and network mechanisms, operating globally or within regions are given below:

(a) The Network of People Living with HIV and AIDS and the African Network on Ethics, Law and HIV, through support provided by UNDP, have become vital tools in empowering, supporting and reinforcing Africa's response to the epidemic at the community, national and global levels;

(b) The West Africa Initiative, funded by the World Bank, with technical and management support from UNAIDS, has established a technical resource network on HIV prevention in the context of migration and sex work. The network provides support to programme development, evaluation and research in 10 West African countries and, as a successful example, will be replicated in Central Africa in the near future;

(c) With a special focus on cross-border issues, the Great Lakes Initiative on HIV/AIDS brings together six East and Central African countries which have developed a common strategy for addressing key prevention and care activities. A network of national programme managers and technical experts is being set up to share experiences and provide mutual support for programme interventions;

(d) The skills development training and the micro-grant funds provided to a number of support groups and networks of people living with HIV/AIDS in Malawi and Zambia, under a UNV pilot project (implemented in collaboration with UNDP and UNAIDS), is becoming an important element in strengthening networks and improved community's response to the epidemic;

(e) As a result of a UNDP initiative, the Alliance of African Mayors and Municipal Leaders on HIV/AIDS was launched in 1998 to help address the social and economic dimensions of the epidemic in their communities;

63. A number of electronic networks have been set up in Asia, including the UNAIDS SEA-AIDS electronic network, the World Bank-supported InfoDev project, UNIFEM's Gender-AIDS, and the ASEAN AIDS Information Network;

64. A regional initiative for HIV/AIDS and the prevention and control of other STDs contributes to the mobilization of national and international efforts for the development of new programmes adapted to the socio-economic and cultural situation in Latin America and the Caribbean. World Bank-

sponsored and implemented by the Mexican Health Foundation, the initiative is now integral part of the UNAIDS technical collaboration resources. Other initiatives in the region include the establishment of national human rights networks, with the collaborative efforts of UNDP, the Pan American Health Organization (PAHO) and the Latin America/Caribbean Council of AIDS Service Organizations. The Horizontal Technical Collaboration Group, comprising national AIDS programme managers of Latin America and the Caribbean, facilitates national strategic planning, epidemiological networks, evaluation, counselling and communications. UNFPA has co-financed the establishment of a network of people living with HIV/AIDS in the Dominican Republic, one of the high-prevalence countries.

65. Following a first regional workshop held in Moscow in October 1998, organized by UNAIDS in cooperation with UNICEF, non-governmental organizations and the Government of the Russian Federation, a regional network of lawyers and justice institutions was established to introduce the subject of AIDS prevention into the curricula of legal training institutions and to influence the formulation of national strategies for HIV prevention. Working closely with the Government of Ukraine since 1996, it has resulted in the modification of the national legislation in relation to HIV prevention in vulnerable groups.

66. Established in 1996, the Asian Harm Reduction Network was the first regional group working to prevent HIV among injecting drug users through a process of networking, information sharing, advocacy and programme and policy development. A Central and Eastern European Harm Reduction Network was established in 1997, along the lines of the Asian Network, and a Latin American Harm Reduction Network became operational in 1998. A workshop held in Brazil in March 1998 concluded with an agreement among three regional networks to form a global network, "Global Voice", with a first objective of assisting African harm reduction programmes to form a similar network.

67. UNICEF's inter-regional programming group on young people in crisis is producing significant progress in special target countries, including the Russian Federation and Viet Nam. Projects supported under this programme also covers AIDS prevention programmes in the context of a joint technical resource network, including a Young People's Knowledge Network via Internet. UNFPA supports an important interregional project on the integration of STD and HIV prevention activities in reproductive health programmes at the primary health care level.

68. With regard to other intercountry technical resources, there are currently intercountry teams of the UNAIDS secretariat based in the Ivory Coast, South Africa, Thailand and Trinidad and Tobago. UNFPA has subregional country support teams based in eight locations globally, for whom an HIV/AIDS workshop is being organized in collaboration with the UNAIDS secretariat. An HIV/AIDS technical adviser has recently joined the Bangkok-based team to help UNFPA intensify its action on HIV/AIDS in the region. UNICEF and WHO regional offices provide technical advice on HIV/AIDS to countries in the respective region. UNDP, the World Bank and UNESCO have regional and subregional projects through which special multicountry initiatives on HIV/AIDS are undertaken and technical advice provided. At national level, in around 60 countries, a network of UNAIDS country programme advisers provide support to the theme groups.

69. Institutions worldwide have been designated as UNAIDS collaborating centres which, for an initial designation period of three years, are expected to collaborate in one or more of the following ways: expand the response to HIV/AIDS by strengthening partnerships; help create technical resource networks of excellence; facilitate creative dialogue and networking; assist UNAIDS and its co-sponsors in carrying out certain activities in their workplans; promote, support and implement research and disseminate results. For example, the Instituto Nacional de Salud Publica (Mexico) collaborates within its areas of expertise — basic science, epidemiology, clinical and social science. The Muhumbili University College of Health Sciences in Dar-es-Salaam (United Republic of Tanzania) cooperates on socio-cultural determinants of the HIV epidemic and national strategic planning. The University of Heidelberg (Germany) is a collaborating centre for strategic planning and epidemiology in Eastern Europe; the United States Census Bureau assists in modelling and epidemiological databases. With the assistance of its collaborating centres in the area of HIV vaccines (for example the United States Centers for Disease Prevention and Control and the United States National Institutes of Health, UNAIDS is promoting the development and evaluation of HIV vaccines in developing countries, including Brazil, Uganda and Thailand. The HIV vaccine programme in Thailand has been successful in developing its national HIV vaccine plan and conducting multiple clinical trials of candidate HIV vaccines, including the first phase-III efficacy trial which was launched in early 1999.

E. Surveillance, monitoring and evaluation

70. The UNAIDS monitoring and evaluation plan was approved by the Programme Coordinating Board at its second ad hoc thematic meeting, held in New Delhi in December 1998. The plan outlines a process for moving from activity monitoring towards an accountability framework for multipartner collaboration and sets forth a conceptual framework for monitoring and evaluation at three levels: impact, outcome and output. The framework recommends that the roles, responsibilities and accountability of relevant partners be clarified and incorporates tools to ensure that monitoring and evaluation measure both UNAIDS' progress in stimulating an expanded response to HIV and its success as a coordinating/advisory body for the United Nations system response. The Board working group on indicators and evaluation played a key role in guiding this effort.

71. A Monitoring and Evaluation Reference Group was established in mid 1998 to advise UNAIDS on technical and managerial aspects of monitoring and evaluation. Members represent a wide range of partners, including UNAIDS co-sponsors, donors, bilateral and non-governmental organizations and evaluation experts from academic and research institutions. For a broader exchange as part of the general evaluation within the United Nations system, an inter-agency working group on monitoring and evaluation is being set up. Implementation of the monitoring and evaluation plan is under way, including consensus-building, field-testing and finalization of an indicators framework conducted as a joint activity by the UNAIDS Secretariat, WHO, and the USAID-funded "measure evaluation" project; performance monitoring and evaluation of the work of the UNAIDS secretariat; implementation in priority countries of the AIDS programme effort index to measure the strength of response to the epidemic at the country level.

72. UNAIDS and WHO jointly developed and implemented a reporting system for tracking the HIV/AIDS epidemic in all countries and in June 1998 produced 180 country-specific epidemiological fact sheets. Collection of data for the 1999 updates is under way, and plans for the implementation of an expanded surveillance system have been finalized. Supported by a grant from the European Commission, this expanded "second generation" surveillance system will also cover important behavioural data. This combined tracking of behaviour and infections has enabled countries to determine whether their falling HIV rates are indeed a result of behaviour change, as was the case in Thailand and Uganda.

73. A number of qualitative assessments of key outputs of the secretariat and thematic evaluations have been initiated. For example, an evaluation of the development, dissemination and use of UNAIDS best practice materials started in May 1999. Together with UNICEF, WHO and the Centers for Disease Control and Prevention in Atlanta (United States), a model of thematic evaluation has been undertaken of mother-to-child transmission in Zimbabwe to prepare for the implementation of specific interventions. Based on the experience of this evaluation, the tools developed have been adapted and are being used for the evaluation of other priority area pilot projects, with and/or by co-sponsors.

74. UNFPA has undertaken a thematic evaluation of the relevance, efficiency, effectiveness and sustainability of its support to HIV/AIDS prevention, based on seven country studies. The evaluation highlights the advantages of the reproductive health approach in HIV/AIDS prevention and identifies among its key recommendations the need to strengthen technical capacity at the country level to promote a focused, appropriate and efficient response to the epidemic; to make condom provision even more central to HIV/AIDS strategies; and to strengthen further activities for young people.

75. During the past two years, a systematic effort has been made to assess the functioning and performance of the United Nations theme groups on HIV/AIDS as part of monitoring the United Nations response at the country level. The second assessment conducted in 1997 included a 360-degree evaluation in which major partners at the country level assessed their role and efforts and those of all other partners in the response to the epidemic. Results confirm that despite continuing challenges, progress has been made by UNAIDS and its co-sponsors at the country level and that the theme groups on HIV/AIDS provide an effective way of coordinating financial and technical support to the national response to AIDS, encouraging teamwork and providing a forum for advocacy and interaction with bilateral agencies, non-governmental organizations and people living with HIV/AIDS. However, results also reveal that there was less success in terms of the magnitude of mobilizing resources for a coordinated programme.

F. Resource mobilization

76. The main objectives of the UNAIDS secretariat's resource mobilization efforts are to promote/ensure funding for country-level and international responses to the epidemic and to secure extrabudgetary funding to augment the core

resources of the co-sponsors for HIV/AIDS-related programming. Furthermore, the Secretariat undertakes to mobilize expertise and in-kind resources by expanding the response through partnerships with the corporate and the non-governmental sector at the global and country levels.

77. The UNAIDS core budget for 1998–1999 amounts to $120 million. In addition, $21.9 million was sought for co-sponsors, activities through a coordinated appeal, of which about 25 per cent was raised in 1998. For the 2000—2001 biennium, UNAIDS and its co-sponsors are in the process of developing the first unified budget and work plan, covering both the UNAIDS secretariat and the co-sponsors.

78. The UNAIDS secretariat and the François-Xavier Bagnoud Center for Health and Human Rights of the Harvard School of Public Health undertook a collaborative study of the funding level of the national response to HIV/AIDS in 64 developing countries and countries in transition for 1996 and 1997. The countries reported that approximately $550 million were allocated to HIV/AIDS programmes in 1996 from both national and international sources. Half of the funding reported came from national Governments. World Bank loans represented 23 per cent; official development assistance (ODA), 19 per cent; and United Nations system resources, 9 per cent. The majority of these funds were reported by a handful of the largest countries, such as Brazil and Thailand. The study also revealed significant disparities in the allocation of national and international resources to the needy countries. For example, in sub-Saharan Africa, Uganda, where a strong national effort has succeeded in turning the tide of the epidemic, reported the highest spending among the countries of the region —$37 million in 1996. In comparison, Nigeria, where the epidemic is increasing at an alarming rate, reported less than $4 million spent for 1996. Similarly, in Asia, Myanmar reported much less spending than did many other countries in the region, even though the epidemic there is one of the most severe in the region.

79. The study also collected data from 15 official development assistance agencies and the European Commission. They reported having committed for HIV/AIDS $343 million in 1996 and $306 million in 1997 (two ODA agencies were not included). Trend data indicate that, despite a steady increase in absolute amounts of ODA support for HIV/AIDS programmes during the period 1987—1996, the increase has not kept pace with the growth of the HIV/AIDS epidemic. In fact, the relative funds made available from ODA agencies per HIV-infected person were more than halved between 1988 and 1997.

80. Increased mainstreaming and integration of HIV/AIDS activities into multisectoral programmes is favourable to the expansion and sustainability of the response to the epidemic but makes it difficult to track the funds and differentiate budgets for HIV activities alone. This is true for both ODA financing and United Nations-supported activities. In the future, the secretariat will track HIV/AIDS-related funds in collaboration with one of its co-sponsors, UNFPA, and with the Netherlands Interdisciplinary Demographic Institute (NIDI). The secretariat and UNFPA/NIDI have agreed to collaborate on the collection and analysis of information on the resources allocated to reproductive health, family planning, STD/HIV/AIDS prevention and care, and research related to these issues. It is envisioned that this joint effort will lead to an improvement in the quality of the data collected.

81. The UNAIDS resource mobilization strategy to promote and ensure funding for country-level responses to the epidemic includes building alliances and involving all partners working on HIV/AIDS in resource-mobilization processes. Partners, including Rotary International, MTV International, Levi Strauss, and the Prince of Wales Business Leaders Forum, have worked with UNAIDS on increasing AIDS-related advocacy and specific awareness initiatives. The United Nations Foundation Inc. (Turner Fund), working through the United Nations Fund for International Partnership (UNFIP), has recently approved a peer education and healthy lifestyle project for young people in Ukraine, submitted by the theme group on HIV/AIDS in that country, to be executed with the support of UNDP, UNFPA, UNICEF and UNESCO. Other examples include financial support provided for country and global activities by the Rockefeller Foundation, Toshiba, the Sasakawa Foundation and the Swiss Bank Corporation.

82. At the country level, UNAIDS helps to expand national capacities for resource mobilization through training workshops — for example, in Eastern Europe (Riga, Latvia) and South-East Asia (Chiang Mai, Thailand) as well as by integrating resource mobilization into all aspects of national strategic planning, to ensure a sustainable process. In the Lao People's Democratic Republic, for example, the United Nations theme group on HIV/AIDS collaborated with the Government in establishing an AIDS trust fund to mobilize and provide flexible funding to national partner initiatives. Several bilateral donors, such as the Norwegian Agency for International Development and the Australian Agency for International Development, have already contributed, and others have expressed strong interest in providing support through the fund. In Mozambique, the theme group facilitated the inclusion of HIV/AIDS as a major

development issue in the donor consultative meeting last year.

G. Lessons learned

83. The relevant lessons learned by the Programme are:

(a) Networking and disseminating best practices serve an important function in providing a technical resource base at the country level;

(b) Needs in countries far outweigh the resources available (both human and financial); thus increased external funding and redirection of internal resources to HIV/AIDS are required;

(c) Advocacy on HIV/AIDS and widening partnerships help develop high-level political commitment and a strengthened response;

(d) National strategic planning and coordinated action help develop an expanded and coordinated response to HIV/AIDS, essential for mobilization and efficient utilization of resources;

(e) Feedback mechanisms, such as monitoring and evaluation, are essential for the continued development of effective HIV/AIDS programmes of UNAIDS and its partners.

IV. HIV/AIDS within the follow-up to recent United Nations global conferences

84. The UNAIDS secretariat has been and remains actively involved in the various follow-up processes of recent United Nations global conferences and summits. Increased attention has been given to HIV/AIDS in the follow-up to the three conferences and summit currently under way.

85. In the follow-up to the International Conference on Population and Development,[2] recognition of HIV/AIDS as a threat to reproductive health and to economic development was highlighted both at the Hague Forum and in the Preparatory Committee for the special session of the General Assembly for the Review and Appraisal of the Implementation of the ICPD Programme of Action, which met in February and March 1999. In collaboration with UNAIDS, UNFPA has developed specific goals to guide HIV/AIDS prevention for the years 2005 and 2010. Priority should be given to assuring access to HIV/AIDS information, education and services for at least 90 per cent of males and females aged 15–24 in 2005 and for at least 95 per cent in 2010. The goals also call for a 25-per-cent reduction in HIV infection in that age group in the most affected countries by 2005, and a 25-per-cent reduction globally in the group in 2010. These goals are being considered by the Preparatory Committee for the special session.

86. In the follow-up to the Fourth World Conference on Women, HIV/AIDS has been identified as a priority concern, from both the health and the gender-equality perspectives. At its forty-third session, the Commission on the Status of Women, acting as the Preparatory Committee for the special session of the General Assembly entitled "Women 2000", adopted resolutions on women and health, one of the 12 areas of concern in the Beijing Platform for Action.[3] The provisions for HIV/AIDS, sexually transmitted diseases and other infectious diseases urge Governments to place HIV/AIDS as a priority on the development agenda. Reducing stigma and discrimination, providing gender-sensitive education and health services, and protecting women from harmful practices, including violence, are goals cited in the Platform for Action.

87. In the follow-up to the World Summit for Social Development, HIV/AIDS has been identified as a serious threat to social and economic development and is associated mainly with commitment 6 on health and education services, and commitment 7, on Africa and the least developed countries of the Copenhagen Declaration on Social Development.[4] At the first substantive session of the Preparatory Committee for the special session of the General Assembly in the year 2000 on follow-up to the Summit, held in May 1999, and at its session in February 1999, the Commission for Social Development highlighted the seriousness of the AIDS epidemic which is wreaking havoc with social development efforts in virtually all parts of the world and the huge tragedy that constitutes the AIDS epidemic for Africa. One of the most striking reversals is in the area of life expectancy, with some African countries projected to lose over 20 years because of the disease. In order to secure the future of socio-economic development efforts in Africa, the need for a broad-based international partnership for intensified action against HIV/AIDS in Africa was highlighted. UNAIDS also participated in a dialogue with delegations on HIV/AIDS and young people, another major area of concern for social development.

V. Conclusions

88. The Economic and Social Council is invited to review this report and endorse the recommendations for action. Particular attention is drawn to:

(a) The unprecedented human disaster in southern Africa where the epidemic is growing fastest, eroding human, social and economic development, and the need for a response of emergency proportions;

(b) The need for increased efforts and targeted programmes to address the special vulnerability of young people, especially adolescent girls, to HIV infection;

(c) The need for intensifying and widening United Nations partnerships with governmental and non-governmental entities to fight the epidemic.

89. The response to HIV/AIDS is politically very complex and sensitive. Much progress has been made since the establishment of the co-sponsored programme, and the United Nations increasingly speaks with one voice on HIV/AIDS. However, coordination has a cost. For example, taking the time and effort to establish an integrated work plan and compatible objectives can mean that programmes are slower getting off the ground. Nevertheless, it can be shown that such concerted effort results in more and better support to a country's response to the epidemic. The potential of the United Nations system can still be much more fully exploited in order to match the challenges of HIV/AIDS.

90. In a shared vision, the United Nations system should aim to work for a world in which HIV/AIDS transmission is substantially reduced; where there is affordable treatment, care and support; where there is a substantial reduction in individual and collective vulnerability to HIV/AIDS; where there is a significant alleviation of the adverse impact of the epidemic on individuals, communities, and nations; and where stigma and denial are addressed. This vision should be achieved through the combined efforts of individuals, Governments, people living with HIV/AIDS, non-governmental organizations, civil society, religious organizations and the corporate sector. The Economic and Social Council may wish to encourage the joint United Nations Programme on HIV/AIDS in its efforts to develop a global strategy based upon the aforementioned shared vision.

Notes

[1] *World Population Projections: the 1998 revision* (United Nations Publication, Sales No. E.99.XIII.9).

[2] See *Report of the International Conference on Population and Development, Cairo, 5–13 September 1994* (United Nations publication, Sales No. E.95.XIII.7).

[3] *Report of the Fourth World Conference on Women, Beijing, 4–15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, res. 1, annex II).

[4] *Report of the World Summit for Social Development, Copenhagen, 6–12 March 1995* (United Nations publication, Sales No. E.96.IV.8), chap. I, res. 1, annex I.